



## Supervisor Development Institute (SDI) Series Registration Form

This form is used to request enrollment in SDI training series. Submission of this form does not guarantee a reserved seat in this series. Your enrollment is considered confirmed upon receipt of an email confirmation from the Metro Central HR Training Division.

LIST SERIES DATES:

This section is to be completed by the employee.

DEPARTMENT:

\*Please print your name below as you would like for it to appear on your completion certificate.

EMPLOYEE NAME:

\*Please print your name below as you would like for it to appear on your name tent for classroom purposes.

EMPLOYEE NAME:

EMPLOYEE ID:

EMPLOYEE EMAIL:

TELEPHONE/S:

My signature indicates that I, as the employee, **meet all of the eligibility criteria** listed below to enroll in this series.

EMPLOYEE SIGNATURE

DATE

This section is to be completed by the supervisor. \*Please make sure that supervisor places his/her initials to left of each statement listed below.

SUPERVISOR NAME:

SUPERVISOR INITIALS

EMPLOYEE MUST MEET ELIGIBILITY CRITERIA FOR ALL OF THE ITEMS LISTED:

Employee is currently working in a lead or supervisory position within Metro

Employee is currently supervising a minimum of one (1) employee

Print the name of one (1) employee  
that he/she supervises:

Employee is committed to completing all sessions/courses offered within 12 months or will be required to repeat the entire series

My initials & signature indicate that I, as the supervisor, certify that the employee **meets all of the eligibility criteria** listed above to enroll in this series.

SUPERVISOR SIGNATURE

DATE

Please submit completed registration form to [hrtrainingrequests@nashville.gov](mailto:hrtrainingrequests@nashville.gov)

For questions or further assistance, please contact the Metro Central HR Training Division at (615) 862-6640